

REQUIRED FOR APPLICATION B APPROVAL

Producer Diversification

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Please complete general information:

Taxpayer Name _____ Phone Number _____

Business Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Reimbursement check will be mailed to this address.

2. Circle the most appropriate category below: (please circle only one)

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4)
 - a. Revocable savings trust (grantor is also trustee)
 - b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
OR Limited Liability Company (LLC) formed as a Disregarded Entity
- 7) A valid trust, estate, or pension trust
- 8) Corporation **OR** Limited Liability Company (LLC) formed as a Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization
(for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership **OR** Limited Liability Company (LLC) formed as a Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government Agencies and organizations which are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)

3. Fill in your taxpayer identification number below: (please complete only one)

- 1) If you circled number 1-5 above, fill in your Social Security Number.**

____ - ____ - ____

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

____ - ____

4. Sign and date the form:

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature _____ Date _____

Title (if applicable) _____

Producer Diversification

2014 Cost Share Application – Application B

Office Use Only
Date Received

1. APPLICANT INFORMATION

Taxpayer ID Information List one number only. This number must match your Substitute W-9 form (pg.20).		Social Security Number (XXX-XX-XXXX)		or	Federal Tax ID# (XX-XXXXXXX)		
Last Name		First Name		Middle Name		Title	Suffix
						<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS	<input type="checkbox"/> JR <input type="checkbox"/> SR
Address Type	Street	City		ST	Zip Code	County	
Mailing				TN			
Residential				TN			
Home Phone		Cell Phone		E-mail			

2. FARM/PREMISES INFORMATION

Farm Street Address		Farm City		ST	Zip Code	Farm County
				TN		
Premises Account #		Premises ID #				
Property Ownership		<input type="checkbox"/> Applicant Owned	<input type="checkbox"/> Lease	<input type="checkbox"/> Family Owned – list name of legal property owner below: Name:		
<ul style="list-style-type: none"> ❖ TDA Premises Registration is required if applicant has livestock on their operation. ❖ Applicant name must match contact name (primary or alternate) listed on premises account to be eligible. ❖ Farm address must match address registered for Premises ID # listed. ❖ Applicant or a member of the applicant's immediate family must own land where permanent structures will be built. ❖ Only one Application B, per premises or property, per family owned land, per household, per business, per application period is allowed. ❖ If applicant does not have livestock on their operation, list farm address and indicate property ownership only. 						

3. INDUSTRY SECTOR – indicate sector(s) that apply to your cost share projects

☐ Agritourism
 ☐ Fruits & Vegetables
 ☐ Honey Bees
 ☐ Horticulture
 ☐ Organics
 ☐ Value-Added Products

4. APPLICATION PROPOSAL

This program requires a separate written proposal along with this application form and Substitute W-9 form on page 20.

- ❖ An electronic copy of the proposal questionnaire outline can be requested by emailing Producer.Diversification@tn.gov.
- ❖ Proposal must be typed in requested format and include written (actual) cost estimates from each vendor/supplier.
- ❖ **Proposal Instructions, featuring questionnaire, are available on pages 22-24.**

5. APPLICANT AGREEMENT

- I certify that I am a citizen of the United States of America and/or lawfully present in the United States.
- I certify that I am a resident of Tennessee and that I am at least 18 years old on application date.
- I understand that only one Application B is allowed per premises or property, per family owned land, per household, per business, per application period.
- I understand that it is my responsibility to ensure that my project is eligible and meets all TAEP criteria.
- I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.
- I understand that providing any false, fraudulent or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.
- I also understand that failure to utilize allocated funds can affect eligibility for future programs.
- **I have reviewed and understand all of the guidelines listed in this application booklet.**

Print Applicant Name

Date

Applicant Signature

6. HOW TO SUBMIT APPLICATION B – see pages 26-27

